

**Town of Jupiter**  
**Public Records Estimate Charges**

**Department Name** \_\_\_\_\_

**Subject:**                   **Public Records Request for** \_\_\_\_\_

**Service Charge:**

Position Title: \_\_\_\_\_

Hourly Rate                   \$ \_\_\_\_\_

Hours (less initial 30 minutes): \_\_\_\_\_

Total labor cost:           \$ \_\_\_\_\_

Total pages copied: \_\_\_\_\_

@ \$.15 per copy:   \$ \_\_\_\_\_

Total CDs purchased: \_\_\_\_\_

@\$1.00 per CD   \$ \_\_\_\_\_

**\* Estimated Charge:**       \$ \_\_\_\_\_

**Total Charge:**       \$ \_\_\_\_\_

**I agree to pay all charges up to the amount as enumerated above for this Public Records Request.**

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Name \_\_\_\_\_

Date \_\_\_\_\_

**\* Cost estimate of the charges necessary to complete this request before proceeding.**